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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

P06659US0-5184

First Named Inventor

MICHAEL A. BETZ

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED CHARGE/AUXILIARY CIRCUIT FOR REDUCING POWER LOSSES IN
HYDROSTATIC SYSTEMS

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

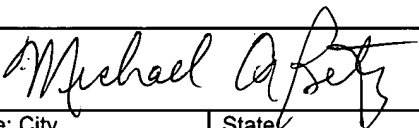
(first and middle [if any])

MICHAEL A.

Family Name

or Surname

BETZ

Inventor's
Signature

Date

10-Feb-04

Residence: City

HUXLEY

State

IA

Country

US

Citizenship

US

Mailing Address

308 SYCAMORE BLVD.

City

HUXLEY

State

IA

ZIP

50124

Country

US

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

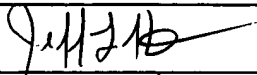
(first and middle [if any])

JEFF L.

Family Name

or Surname

HERRIN

Inventor's
Signature

Date

5 Feb 04

Residence: City

ANKENY

State

IA

Country

US

Citizenship

US

Mailing Address

218 NE 16TH STREET

City

ANKENY

State

IA

ZIP

50021

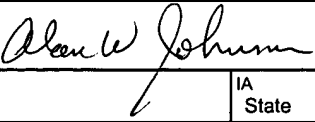
Country

US



Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

| | |
|--------------------|--|
| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u> |
|--------------------|--|

| | | | |
|---|-------------|---|-------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| ALAN W. | | JOHNSON | |
| Inventor's Signature  | | Date <u>6-Feb-04</u> | |
| AMES Residence: City | IA State | US Country | US Citizenship |
| 3912 SQUAW ROAD Mailing Address | | | |
| Mailing Address | | | |
| AMES City | IA State | 50014 Zip | US Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| | |
|-------------------------------|--------------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Michael A. Betz |
| Title | IMPROVED CHARGE/AUXILIARY CIRCUIT... |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | P06659US0-5184 |

I hereby appoint:

☒ Practitioners at Customer Number:

34082

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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| | |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☐ The address associated with Customer Number:

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| Address | | | | |
| Address | | | | |
| City | State | Zip | | |
| Country | | | | |
| Telephone | Fax | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|------------------|------------------------|------------------|--------------|
| Name | MICHAEL A. BETZ | | |
| Signature | <i>Michael A. Betz</i> | | |
| Date | 11-Feb-04 | Telephone | 515-239-6391 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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and
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| Title | IMPROVED CHARGE/AUXILIARY CIRCUIT... |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | P06659US0-5184 |

I hereby appoint:

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34082

OR

☐ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name JEFF L. HERRIN

Signature *Jeff L. Herrin*

Date 5 Feb 04

Telephone 515 239 6362

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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OR

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Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name ALAN W. JOHNSON

Signature *Alan W. Johnson*

Date

9-Feb-04

Telephone

515-239-6624

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